

Fill in this Information to identify the case:			
Debtor 1	International Heritage, Inc.		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the EASTERN DISTRICT OF NORTH CAROLINA			
Case number: 98-02675-5-DMW			

**Form 1340 (12/19)**

**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

**1. Claim Information**

For the benefit of the Claimant(s)<sup>133</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$756.02 and \$211.62
Claimant's Name:	Benjamin D. Tarver dba Bankruptcy Settlement Group
Claimant's Current Mailing Address, Telephone Number, and Email Address:	2300 East Fry Blvd #1630, Sierra Vista, AZ 85636 832-781-0620 help@claimtransfers.com

**2. Applicant Information**

Applicant<sup>134</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☐ Applicant is the Claimant and is the Owner of Record<sup>135</sup> entitled to the unclaimed funds appearing on the records of the court.
- ☒ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

**3. Supporting Documentation**

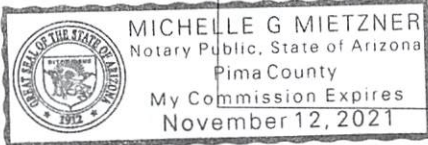
- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

<sup>133</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>134</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>135</sup> The Owner of Record is the original payee.

<b>4. Notice to United States Attorney</b>  <input checked="" type="checkbox"/> Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:  Office of the United States Attorney for the Eastern District of North Carolina 150 Fayetteville Street, Suite 2100, Raleigh, NC 27601	
<b>5. Applicant Declaration</b> Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.  Date: <u>11-10-21</u>  Signature of Applicant <u>Benjamin D. Tarver</u> Printed Name of Applicant  <b>2300 East Fry Blvd #1630</b> Address: <b>Sierra Vista, AZ 85636</b>  Telephone: <b>832-781-0620</b> Email: <b>help@claimtransfers.com</b>	<b>5. Co-Applicant Declaration (if applicable)</b> Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.  Date: _____  Signature of Co-Applicant (if applicable) _____ Printed Name of Co-Applicant (if applicable)  Address:  Telephone: _____ Email: _____
<b>6. Notarization</b> STATE OF <u>ARIZONA</u> COUNTY OF <u>COCHISE</u>  This Application for Unclaimed Funds, dated <u>11-10-2021</u> was subscribed and sworn to before me this <u>10</u> day of <u>November</u> , 20 <u>21</u> by <b>Benjamin D. Tarver</b>  who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument. WITNESS my hand and official seal.  (SEAL) Notary Public <u>Michelle G. Mietzner</u> My commission expires: <u>11/12/2021</u>	<b>6. Notarization</b> STATE OF _____ COUNTY OF _____  This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by _____  who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument. WITNESS my hand and official seal.  (SEAL) Notary Public _____ My commission expires: _____



UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NORTH CAROLINA

IN RE:

CASE NO. 98-02675-5-DMW  
CHAPTER 7

International Heritage, Inc.

Debtors(s)

\_\_\_\_\_ /

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on the date designated below, a true and correct copy of the foregoing Application for Payment of Unclaimed Funds was mailed to:

Office of the United States Attorney  
Eastern District of North Carolina  
150 Fayetteville Street  
Suite 2100  
Raleigh, North Carolina 27601

Dated: 12-15-2021



\_\_\_\_\_  
Benjamin D. Tarver  
2300 East Fry Blvd #1630  
Sierra Vista, AZ 85636

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NORTH CAROLINA

IN RE:

CASE NO. 98-02675-5-DMW

International Heritage, Inc.

Debtor(s)

\_\_\_\_\_/

STATEMENT OF APPLICANT

I, Benjamin D. Tarver, do hereby certify that I am doing business as Bankruptcy Settlement Group ("BSG"), and that I am legally entitled to the unclaimed funds referenced in this application and that no other party is entitled to these funds.

In support, applicant respectfully represents as follows:

1. A check for "Cora M. Whitaker" in the amount(s) of \$756.02 and \$211.62 was not negotiated and was thus remitted as unclaimed funds to the Clerk of the Court.
2. Cora M. Whitaker assigned the unclaimed funds referenced in the application to BSG.
3. The consideration for this claim is \$378.01. See attached fee agreement.
4. My former business mailing address was 2885 Sanford Ave SW #37848, Grandville, MI 49418, which is a Commercial Mail Receiving Agency operated by mailboxforwarding.com.
5. My current business mailing address is 2300 East Fry Blvd #1630, Sierra Vista, AZ 85636, which is the street address for P.O. Box 1630, Sierra Vista, AZ 85636.

Dated: 12-15-2021



\_\_\_\_\_  
Benjamin D. Tarver  
2300 East Fry Blvd #1630  
Sierra Vista, AZ 85636



**COPY**

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NORTH CAROLINA

\*\*PREVIOUSLY DOCKETED\*\*

IN RE:

CASE NO. 98-02675

International Heritage, Inc.

**AFFIDAVIT AND ASSIGNMENT**

Debtor(s)

I, Cora M. Whitaker, of 1052 E 6TH ST, APT 28, ONTARIO, CA 91764-1388, certify:

1. That I am at least 18 years of age.
2. For good and for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby certify that I have unconditionally and irrevocably sold, transferred and assigned to Bankruptcy Settlement Group ("Assignee"), its successors and assigns, whose mailing address is 2885 Sanford Ave SW #37848, Grandville, MI 49418, all right, title and interest in and to my claims in the above referenced bankruptcy proceeding, including without limitation my right to receive any future payments, distributions, unclaimed dividends and/or other property in the bankruptcy proceeding. I waive any notice or hearing requirements imposed by Court rules and stipulate that an order may be entered recognizing this Assignment as an unconditional Assignment and Assignee herein as the valid owner of my claim(s) and/or rights.
3. I am a debtor or creditor in the above referenced bankruptcy proceeding.
4. My address was/is 2184 Stocker St., Pomona, CA 91767.

I certify under penalty of perjury that the foregoing is true and correct.

Dated: 04/15/2021

Cora M. Whitaker

Cora M. Whitaker

SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC AND AFFIX NOTARY SEAL

Sworn to and subscribed before me,  
State of \_\_\_\_\_, County of \_\_\_\_\_  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_

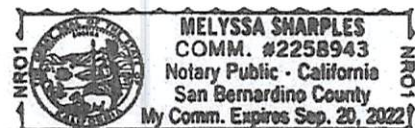
Return this form to: Bankruptcy Settlement Group, 2885 Sanford Ave SW #37848, Grandville MI 49418

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached and not the truthfulness, accuracy, or validity of that document.

State of California, County of San Bernardino  
Subscribed and sworn to (or affirmed) before me on this 15 day  
of April, 2021, by Cora M. Whitaker  
proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.

Signature [Signature] (seal)

(NOTARY SEAL)




### ASSIGNMENT AGREEMENT

This Assignment Agreement ("Agreement") is entered into on the date set forth below by and between CORA WHITAKER, 1052 E 6TH ST, APT 28, ONTARIO, CA 91764-1388 ("Assignor") and BANKRUPTCY SETTLEMENT GROUP, 2885 Sanford Ave SW #37848, Grandville, MI 49418 ("Assignee").

1. Assignor was/is a creditor or debtor in Bankruptcy Case# 98-02675 in the EASTERN DISTRICT OF NORTH CAROLINA.
2. For good and valuable consideration, Assignor does hereby irrevocably transfer and assign to Assignee and assigns, all of his/her rights, title and interest in the above-mentioned bankruptcy case as set forth in the Affidavit and Assignment.
3. The consideration herein given by Assignee to Assignor shall be the sum of \$378.01. A check will be issued to Assignor upon entry of an order recognizing Assignee as the valid owner of Assignor's rights. Assignor acknowledges that Court approval may take up to 30 days or longer.
4. To establish identity, Assignor agrees to provide any additional documentation required by the Bankruptcy Court.
5. Assignee or Assignor may cancel this Agreement at any time before a Court Order is entered recognizing Assignee as the valid owner of Assignor's rights.
6. This Agreement constitutes the entire agreement between the parties with respect to the subject matter above.

ASSIGNOR:

  
CORA WHITAKER

Dated: 04/15/2021